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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4495

SERIAL NUMBER 10/010,410	FILING OR 371(c) DATE 12/05/2001 RULE	CLASS 128	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. LMND.P116
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/251,756 12/05/2000  
 and claims benefit of 60/255,729 12/14/2000  
 and claims benefit of 60/263,350 01/22/2001  
 and claims benefit of 60/263,397 01/22/2001  
 and claims benefit of 60/263,579 01/22/2001  
 and claims benefit of 60/263,580 01/22/2001  
 and claims benefit of 60/263,589 01/22/2001  
 and claims benefit of 60/268,263 02/12/2001  
 and claims benefit of 60/301,537 06/27/2001  
 and claims benefit of 60/329,936 10/17/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/17/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 65	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

53186

## TITLE

CATHETER SYSTEM FOR VASCULAR RE-ENTRY FROM A SUB-INTIMAL SPACE

All Fees  
 1.16 Fees ( Filing )

**FILING FEE  
RECEIVED  
2266**

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit